

# **The Kentucky Horse Racing Commission Withdrawal Guidelines Standardbred**

## **General Notice**

The following withdrawal guidelines are voluntary and advisory. The guidelines are recommendations based on current scientific knowledge that will change over time. A licensee may present evidence of full compliance with these guidelines to the Commission and the stewards as a mitigating factor to be used in determining violations and penalties.

These withdrawal interval guidelines assume that administration of medications will be performed at doses that are not greater than the manufacturer's maximum recommended dosage. Medications administered at dosages above manufacturer's recommendations and / or in unusual compounded formulations, and /or administration inside the withdrawal interval may result in test sample concentrations above threshold concentrations that could lead to positive test results and the imposition of penalties. The time of administration of an orally administered substance, for the purposes of withdrawal interval, shall be considered to be the time of complete ingestion of the medication by the horse via eating or drinking.

Whenever a concentration level or withdrawal guideline contained in 811 KAR 1:090 or 811 KAR 1:095 is amended and whenever a concentration level or withdrawal guideline is added to 811 KAR 1:090 or 811 KAR 1:095, notice of the date that the new concentration level or new withdrawal guideline takes legal effect will be posted on the KHRA website and at all Kentucky race tracks at least two weeks before said date.

## **Withdrawal Guidelines**

1) Furosemide shall be administered pursuant to current KHRA regulations for eligibility and dose for each breed. The concurrent administration of no more than one of the approved adjunct bleeder medications shall be permitted to horses eligible for furosemide, pursuant to current KHRA regulations for each breed. Place and time of administration of furosemide and adjunct bleeder medication must follow rules presented by each racetrack's condition book.

2) The following substances may be administered or applied up to the scheduled paddock time of the race in which the horse is to compete:

- Topical applications such as liniments, leg paints, salves, and ointments which may contain antibiotics or DMSO, but do not contain steroids, anesthetics, or any other prohibited substances

3) The following substances may be administered up to 24 hours prior to the scheduled post time of the race in which the horse is to compete as long as their use follows the general notice on page 1 of these withdrawal guidelines:

- Antibiotics (except those containing prohibited drugs such as Procaine, Chlorpheniramine, etc.)
- Antiprotozoals (Marquis, SMZ/Daraprim, etc.)
- Intravenous (IV) or Intramuscular (IM) Electrolytes and Vitamins, and / or other supplements / nutrients not containing drugs
- Anti-Ulcer and Gastro-Protective Medications (specifically Omeprazole, Cimetidine, Ranitidine, and Sucralfate)
- Antifungal Agents (specifically Griseofulvin and Ketoconazole)
- Certain Inhalation Agents (specifically Azmacort, Beclovent, Intal, Mucomyst) that do not exhibit bronchodilator properties
- Sodium Iodide (intravenously)
- Non-Androgenic Reproductive Hormones (HCG, Regumate, GnRH, etc.)
- Immunostimulants (Eqstim, Levamisole, etc.)
- Adequan Intramuscular (IM)
- Intravenous (IV) Hyaluronic Acid (Legend)
- Glycopyrrolate IV 2 mg IV

4) Non steroidal anti-inflammatory drugs (NSAIDS):

A) ELECTED NSAID: Only one of the following three NSAIDS may be administered up to the manufacturer's maximum labeled dosage until 24 hours prior to the scheduled post time of the race in which the horse is to compete as long as their use follows the general notice on page 1 of these withdrawal guidelines:

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|---------------------------------|------------------------------|
| - Phenylbutazone (Butazolidin)  | 2.0 mg/lb (Intravenous Only) |
| - Flunixin Meglumine (Banamine) | 0.5 mg/lb (Intravenous Only) |

B) The following withdrawal intervals shall be observed for all NSAIDS, except for the one selected in 4A above, for administration prior to the scheduled post time of the race in which the horse is to compete as long as their use follows the general notice on page 1 of these withdrawal guidelines:

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|---|--------|
| - Flunixin Meglumine (Banamine) 0.5 mg/lb IV      | 48 hrs |
| - Phenylbutazone (Butazolidin) 2.0 mg/lb IV or PO | 48 hrs |
| - Ketoprofen (Ketofen) 1.0 mg/lb IV               | 48 hrs |
| - Diclofenac Sodium Topical (Surpass Cream)       | 48 hrs |
| - Meclofenamic Acid (Arquel) 1g PO SID for 3 days | 48 hrs |
| - Acetylsalicylic Acid (Aspirin)                  | 48 hrs |
| - Ibuprofen (Motrin)                              | 48 hrs |

- 5) The following substances may be administered up to 48 hours prior to the scheduled post time of the race in which the horse is to compete as long as their use follows the general notice on page 1 of these withdrawal guidelines:
- Betamethasone 35 mg IM
  - Dexamethasone (Azium SP) 25 mg IV / IM once or 10 mg PO for 5 days
  - Flumethasone (Flucort) 5 mg IV
  - Isoflupredone (Predef 2X) 20 mg IV or IM
  - Dantrolene (Dantrium)
  - DMSO (Intravenous) 100 ml of a 99% solution
  - Ergot Alkaloids (Ergonovine, Methergine, etc.)
  - Guaiacol Derivatives (Guaifenesin)
  - Isoxsuprine
  - Methocarbamol (Robaxin-V) – Intravenous only
  - Trichlormethiazide / Dexamethasone (Naquasone) 200 mg bolus PO
  - Detomidine (Dormosedan) 5 mg IV dose
  - Pentoxifylline (Trental)
  - Albuterol (inhalation)
- 6) The following substances may be administered up to 72 hours prior to the scheduled post time of the race in which the horse is to compete as long as their use follows the general notice on page 1 of these withdrawal guidelines:
- Detomidine (Dormosedan) 20 mg IV dose
  - Methocarbamol (Robaxin-V) – 3 g PO BID for 4 days
  - Romifidine (Sedivet) 50 mg IV dose
  - Anthelmintics (dewormers, except for thiazide family products)
  - Tripeleminamine HCl (Recover, etc.) 400 mg IM dose
  - Clenbuterol\*\*\* (at the dose of 0.8 mcg/kg orally twice daily, for no more than 7 consecutive days)
- 7) The following substances may be administered up to 96 hours prior to the scheduled post time of the race in which the horse is to compete as long as their use follows the general notice on page 1 of these withdrawal guidelines:
- Atropine (ophthalmic)
  - Hydroxyzine (Atarax)
  - Local Anesthetics (Lidocaine, Mepivacaine)
  - Butorphanol, Pentazocine
  - Phenytoin (Dilantin)
  - Pyrilamine
  - Xylazine 500 mg IV
- 8) The following substances may be administered up to 120 hours prior to the scheduled post time of the race in which the horse is to compete as long as their use follows the general notice on page 1 of these withdrawal guidelines.
- Acepromazine 30 mg IV
  - Dipyrone 7.5 g IV

- 9) The following substances may be administered up to 7 days prior to the scheduled post time of the race in which the horse is to compete as long as their use follows the general notice on page 1 of these withdrawal guidelines:
- Fluphenzine Decanoate (Prolixin)
  - Reserpine (Serpasil)
- 10) Any drug containing Procaine may be administered up to 21 days prior to the scheduled post time of the race in which the horse is to compete as long as its use follows the general notice on page 1 of these withdrawal guidelines.
- 11) The use of an extra corporeal shock wave therapy or radial pulse wave therapy machine must be done under current KHRA regulations and may be performed until 10 days prior to the scheduled post time of the race in which the horse is to compete.
- 12) The following substances may be administered up to 60 days prior to the scheduled post time of the race in which the horse is to compete as long as their use follows the general notice on page 1 of these withdrawal guidelines, and Section 9 of 810 KAR 1:090:
- Anabolic Steroids (Limited to Boldenone, Testosterone, and Nandrolone)
- 13) Intra-Articular (IA) Injections:
- Any Intra-Articular (IA) injection may be performed until 72 hours prior to the scheduled post time of the race in which the horse is to compete as long as their use follows the general notice on page 1 of these withdrawal guidelines.
- 14) Any horse that has been treated with medications found in sections 6 through 10 of this document may, at the trainer's request and expense, have samples of blood and / or urine collected by the Commission Veterinarian for analysis by the Commission authorized laboratory prior to entry to race in the state of Kentucky.

## **Available Threshold Levels Associated to KHRA Withdrawal Guidelines**

Furosemide	100 nanograms per ml of serum
Phenylbutazone	5 micrograms per ml of serum
Flunixin	20 nanograms per ml of serum
Ketoprofen	10 nanograms per ml of serum
Clenbuterol	25 picograms per ml of serum
DMSO	10 micrograms per ml of serum
Diclofenac	5 nanograms per ml of serum
Meclofenamic Acid	1000 nanograms per ml of serum
Ibuprofen	100 nanograms per ml of serum

All other NSAID's not listed on the withdrawal guidelines have a threshold set at limit of detection.